FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 2nd AMENDMENT IND. DEP. AFTER 1st AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. Ł 5 TOTAL IND. _1 _1 _1 _1 TOTAL DEP. TOTAL CLAIMS

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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